

SCHEINBERG & GRINER, LLPP.O. Box 164140
Austin, Texas 78716-4140**RECEIVED
CENTRAL FAX CENTER****MAR 17 2008**Telephone: (512) 637-0800
Facsimile: (512) 306-1963**MICHAEL O. SCHEINBERG**
Direct: (512) 328-9510
mscheinberg@sgnlaw.com

March 17, 2008

Fax

Name: Examiner – William V. Gilbert
Organization: USPTO
Fax: 1-571-273-8300From: Michael O. Scheinberg
PO Box 164140
Austin, Texas 78716-4140
Phone: (512) 637-0800
Fax: (512) 306-1963
Date: March 17, 2008
Docket No.: ERN-TSH-001
Subject: Resp. to Restriction Requirement
Pages: 14 (including this coversheet)

Comments:

APPLICATION NO.: 10/824,165 ART UNIT: 3635
APPLICANT: Kardosz et al. EXAMINER: William V. Gilbert
FILING DATE: April 14, 2004
TITLE: Truss Manufacturing Method and System

In connection with the above-identified patent application, applicants submit the following:

1. Response to Restriction Requirement (8 pp.)
2. Fee Transmittal (in duplicate) (1 p.)
3. Petition for 1 Month Ext. of Time (in duplicate) (1 p.)
4. Form PTO-2038 (1 p.)

Michael O. Scheinberg
Reg. No. 36,919

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MAR 17 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/824,165
Filing Date	04/14/2004
First Named Inventor	TIMOTHY KARDOSZ
Examiner Name	WILLIAM V. GILBERT
Art Unit	3635
Attorney Docket No.	ERN-TSH-001

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: MICHAEL O. SCHEINBERG

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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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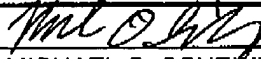
- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): PETITION FOR ONE MONTH EXT. OF TIME 60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,919	Telephone (512) 637-0800
Name (Print/Type)	MICHAEL O. SCHEINBERG		Date MARCH 17, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Multiple Dependent Claims	
Fee (\$)	Fees Paid (\$)

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Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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